



Iowa Medicaid Newsletter

Endeavors Update

A Communications Effort to Strengthen Partnerships *September 2013*

Terry E. Branstad, Governor
Kim Reynolds, Lt. Governor

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Charles M. Palmer, Director
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Iowa Medicaid Director's Column



Welcome to the September issue of the Iowa Medicaid Enterprise (IME) newsletter. September has brought us closer and closer to the implementation and beginning of enrollment for the Iowa Health and Wellness Plan. Enrollment begins October 1, 2013, and coverage begins January 1, 2014. Iowans can now submit applications through HealthCare.gov for the new program. Throughout the next few months, you'll continue to learn more about this program as we work to educate and enroll Iowans. We have also now hit the three month mark on the Integrated Health Home Program. I'm excited with the progress made in these first three months and look forward to watching the program grow in the coming months. This month, the

Department of Human Services made formal budget recommendations to the Council on Human Services for State Fiscal Year 2015. In this issue you'll see a snapshot of those budget requests. Medicaid accounts for a large portion of the overall budget, and we continue to implement new cost saving strategies while constantly working to provide the essential health care services our members need. I look forward to an exciting and busy fall as we progress on the Iowa Health and Wellness Plan, the State Innovation Model grant and the Balancing Incentive Program.

Special points of interest:

- DHS Council Reviews State Fiscal Year 2015 Budget
- Medicaid Director Explains Medicaid Budget:
 - Medical Assistance
 - CHIP
 - Medical Contracts
 - Iowa Health and Wellness Plan
- Iowa Health and Wellness Plan Monthly Feature
- State Innovation Model (SIM): Steering Committee and Recommendations
- Integrated Health Homes: Magellan and Providers Implement Integrated Health Homes

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Stay Up-to-Date and Join Our Mailing List

Interested in learning more about the Iowa Health and Wellness Plan and the Health Insurance Marketplace? Sign-up for email notifications from the Iowa Medicaid Enterprise!

The Iowa Medicaid Enterprise is creating a new distribution list to send timely and relevant information to interested stakeholders specifically about the Iowa Health and Wellness Plan and the Health Insurance Marketplace.

If you would like to receive these email notifications, please send us an email with the subject line "subscribe" along with your name, organization, and contact information to IMECommunications@dhs.state.ia.us.

Iowa Health and Wellness Plan Monthly Feature: Plan Benefits

In order to help educate stakeholders about all aspects of the new Iowa Health and Wellness Plan, each month Endeavors Update will highlight a specific feature or policy related to the plan. This month's feature will focus on the benefits covered by the Iowa Health and Wellness Plan.

The Iowa Health and Wellness Plan will provide a comprehensive benefit package to all enrolled members. The Iowa Health and Wellness Plan benefits will be equivalent to the State Employee benefit plan, providing robust coverage to these members.

In addition to the comprehensive benefit package, members will be able to **visit any Medicaid participating provider in Iowa**. Members will have access to physicians, hospitals and pharmacies in their local communities.

See the chart below to better understand the benefits provided by the Iowa Health and Wellness Plan compared to the benefits provided by the current IowaCare program.

Benefits	IowaCare Program	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
Ambulatory Patient Services	Only Covered from IowaCare Providers	Covered	Covered
Emergency Services	Emergency Room Only Covered from Limited IowaCare Providers Ambulance Not Covered	Covered	Covered
Hospitalization	Only covered from Limited IowaCare Providers	Covered	Covered
Mental Health and Substance Use Disorder Services	Not Covered	Covered Services provided by the Iowa Plan	Covered
Preventive and Wellness Services	Only Covered from IowaCare Providers	Covered	Covered
Prescription Drugs	Not Covered	Covered	Covered
Dental	Not Covered	Covered	Covered

To see a full comparison of benefits, [view the chart here](#).

Learn more about the Iowa Health and Wellness Plan at:
<http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>

Support During the Open Enrollment Period

Looking for ways you can help lowans learn about the Health Insurance Marketplace and Medicaid and help them enroll in coverage? A variety of resources are available through the Open Enrollment Period.

The health care coverage open enrollment period began on October 1, 2013, and runs through March 31, 2014. During this time, lowans will be able to shop the Health Insurance Marketplace and enroll in health care coverage. Please note: Enrollment in Medicaid is available all year.

The primary way to enroll in health care coverage is to complete an application on HealthCare.gov or by calling 1-800-318-2596. When an application is submitted, the individual will be screened for Medicaid eligibility. If the individual is Medicaid eligible, the application will be passed to the Iowa Department of Human Services for enrollment.

Consumers can find support completing applications as well. A variety of organizations, including Navigators and Certified Application Counselors, have staff trained to help consumers throughout the state.

To find local application help, visit: <https://localhelp.healthcare.gov/>.

Additionally, the Iowa Insurance Division will be hosting 20 different community events throughout the state to help educate lowans about their options for health care coverage and the Health Insurance Marketplace. Staff from the Iowa Insurance Division and the Department of Human Services will present and answer questions at each event.

[Look for an event in your community here.](#)

Iowa Health and Wellness Plan Provider Education, Training, and Enrollment Begins in October

With the December 31 cessation date of the IowaCare program and the rollout of the replacement program, the Iowa Health and Wellness Plan rapidly approaching, outreach to Iowa Medicaid Enterprise (IME) providers on the new Iowa Health and Wellness Plan gets underway, beginning in October. Outreach will include a comprehensive statewide, eight city education and training program designed to bring IME providers up-to-speed on what they need to know about the State's new health care program. The IME recognizes that provider education is critical in successfully implementing this new program.

Anticipating a high demand for information, the same training module will be offered twice in each community where it is presented. Bryan Dempsey and Tanya McAninch of IME Provider Outreach will assume lead roles in orchestrating the education and training sessions and will be present for face-to-face Q&A sessions with attending providers. The IME created an online registration page on the IME website and encourages all providers to utilize this tool to register their participants in order to avoid overbooking of sessions. Critical topics to be covered during the education and training sessions include:

- Background and Legislative Intent of the New Program
- Marketplace Choice Waiver
- Wellness Plan Waiver
- Provider Responsibilities and Contracting
- Member Program Eligibility
- IowaCare Transition

For more information on the education and training sessions and [how to register online](#), please read [IME Informational Letter No.1288](#).

Integrated Health Homes: Magellan and Providers Implement Integrated Health Homes

The Integrated Health Home (IHH) model was developed as a result of the Affordable Care Act and is designed to create a team-based delivery model to health care. This model provides comprehensive, continuous care to people with mental health conditions with the goal of maximizing health outcomes. IHH teams consisting of nurses, social workers and peer support coordinators, work with individuals and families to identify needs and get services to positively address their health. Magellan has been working closely with providers and community stakeholders to implement IHH across Iowa over the last three months. In the first phase of IHH, providers began offering this new service delivery model in July 2013 in five counties. The second group of providers will start April 1, 2014, in 29 additional counties, and starting July 1, 2014, the remaining IHH providers will offer services in the last 64 counties. A map of the county roll-out is available at www.MagellanofIowa.com.

There have been many early successes in the initial implementation of the program. The approach provides a high degree of care coordination for those individuals most in need of behavioral health services. It uses a team based approach, while ensuring that individual social workers make a personal connection with clients who need intensive care management. Below is an example of the role IHH has played in the life of a family in the program.

Orchard Place's IHH has been working with a mother of two teenage children who contacted her IHH Family Peer Support Specialist nearly daily for crisis related issues. They began meeting one or two times per week to help the family get connected to resources that could help as initial considerations were given to placing one of the children in a PMIC. After meeting with the school based therapist, Behavioral Health Intervention Services (BHIS) were established for the children and the mother is attending National Alliance for the Mentally Ill (NAMI) educational classes to help her develop coping skills. Through this comprehensive family involvement with the IHH, a child who was headed to a Psychiatric Medical Institutions for Children (PMIC) was able to receive the necessary support to recover at home. The mother feels she is able to be a parent without having to be in crisis mode as often, and she is now independently managing her child's needs with less assistance.

Current IHH Provider	County	Member Population	Enrolled Members	Implement Date
Child Health Specialty Clinic/U of I	Dubuque	Children	898	July 1, 2013
Four Oaks	Linn	Children	1,440	July 1, 2013
Orchard Place	Polk	Children	3,269	July 1, 2013
Tanager Place	Linn	Children	1,134	July 1, 2013
Abbe Center	Linn	Adults	1,962	July 1, 2013
Broadlawns Medical Center	Polk	Adults	2,204	July 1, 2013
Eyerly Ball	Polk	Adults	1,069	July 1, 2013
Siouxland Mental Health Center	Woodbury	Adults	648	July 1, 2013
Community Support Advocates	Polk	Transition age youth		Oct. 1, 2013
LifeWorks	Polk	Children	600	Oct. 1, 2013
Youth Emergency Services and Shelter (YESS)	Polk	Children	1,200	Oct. 1, 2013
Hillcrest Family Services	Dubuque	Children/Adults	900 (adults) 70 (children)	Oct. 1, 2013

IowaCare Members Income Verified for Iowa Health and Wellness Plan

The Iowa Department of Human Services has announced it will streamline eligibility approval for enrollment in the Iowa Health and Wellness Plan for IowaCare members currently receiving assistance.

The department determined it can sufficiently verify income and transfer eligibility for qualifying members into the Iowa Health and Wellness Plan without the need for many members to re-apply.

The move to streamline eligibility for current IowaCare members will reduce the number of applicants during the upcoming Open Enrollment period. IowaCare members will be notified of the move to automate eligibility before October 1. Coverage under the Iowa Health and Wellness Plan begins Jan. 1, 2014.

Current IowaCare members have had their citizenship and identity verified, and DHS will administratively transfer their eligibility into the new plan after income verification.

For members who cannot be verified, or whose income exceeds the Iowa Health and Wellness Plan limits, those members will be instructed to proceed to the application process.

The Iowa Medicaid Enterprise sent a letter to each IowaCare member the week of October 1 notifying them of this change.

The verification/transfer process will take place by the end of October. Members whose verified income indicates eligibility for Iowa Health and Wellness will receive confirmation of eligibility and will proceed to enrollment in the plan and with physicians. Members will be made eligible for a determined period of time, at which point they will have to go through eligibility determination.

Members whose income cannot be verified, or cannot be transferred, or have income too high for the program, will receive an additional letter instructing them to apply by proceeding to HealthCare.gov or by calling 1-800-318-2596. Members will receive this letter by the end of October.

View the IowaCare member notification letter here: http://www.dhs.state.ia.us/uploads/IowaCare_Letter2_FINAL_09192013.pdf

“Partners for Better Health and Wellness”

The Summer 2013 edition of “Partners for Better Health and Wellness” is now available and informs Medicaid members of adult immunizations, starting a child’s school year with a check-up, the growth of health homes, finding a dentist, and lowering stress levels.

Link to the member newsletter:

<http://www.dhs.state.ia.us/uploads/Microsoft%20Word%20-%20IME%20Member%20Newsletter%20-%20Summer%2013.pdf>

DHS Council Reviews State Fiscal Year 2015 Budget

On September 10-11, the Iowa Council on Human Services reviewed and assessed the Department of Human Services (DHS) State Fiscal Year 2015 (SFY15) budget requests. Budget requests followed the new format first used in last year's requests. In total, twenty-seven unique requests were made to the Council. Overall, DHS serves more than 965,000 Iowans in a single month. The requests were made for all programs under the purview of DHS, including the Medicaid program.

DHS Director Palmer began the session by stating that Medicaid cost growth was "in relation to overall health care costs, relatively low comparatively." Overall, Medicaid requested an increase of approximately 1 percent for SFY15. The cause of the increase was primarily related to increased costs for services, an expected increase in the number of members served, the decrease of the federal match rate and the end of funding from several grants. The SFY15 budget recommendations will now be forwarded to Governor Branstad for final approval.

The SFY15 budget requests to the Iowa Council on Human Services may be viewed in detail at: <http://www.dhs.state.ia.us/Partners/Reports/BudgetReports/Budgets.html>

Medicaid Director Explains Medicaid Budget: Medical Assistance

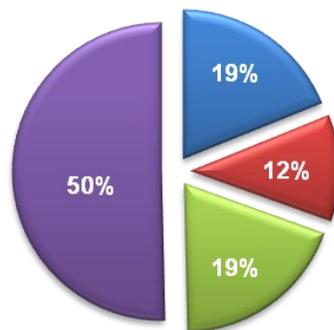
The primary purpose of the Medicaid (Title XIX) program is to provide free or low cost health care coverage to low income Iowans such as children, adults, people with disabilities and the elderly. Iowa Medicaid is the second largest payor of health care in Iowa, processing nearly 39 million claims in SFY13, and covering more than 22 percent of Iowans. The goal of the program is to help people "live healthy, stable, and self-sufficient lives." Medicaid Director Jennifer Vermeer explained that the average Medicaid member is a healthy child, who uses very few medical services in a year. Children account for the largest percentage of Medicaid enrollment, but continue to account for some of the lowest overall costs.

In general, the trend in the growth of cost per Medicaid member is very low. However, costs vary greatly from one member to the next. Children account for 58 percent of Medicaid enrollment, but only account for 19 percent of total costs. On the other hand, people with disabilities account for 19 percent of overall Medicaid enrollment, but account for over half of the Medicaid expenses. Director Vermeer explained that Medicaid enrollment and cost growth is close to zero and most increased budget requests relate to a decrease in the federal match rate and replacing other funding.

The SFY15 Medical Assistance budget requests a 7.1 percent state general fund reduction from the SFY15 Governor's Recommendation. You may view the SFY15 Medical Assistance budget request at: http://www.dhs.state.ia.us/uploads/15-6_Improve_Health_Status.pdf.

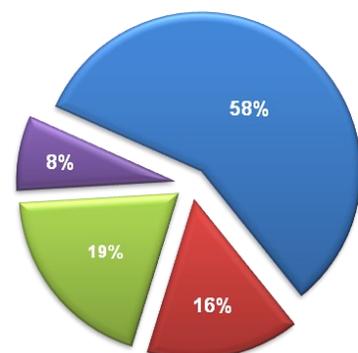
SFY13 Iowa Medicaid Expenditures

- Child (19%)
- Adult (12%)
- Elderly (19%)
- Disabled (50%)



Average Regular Medicaid Enrollment SFY13: 401,129

- Child (58%)
- Adult (16%)
- Disabled (19%)
- Elderly (8%)



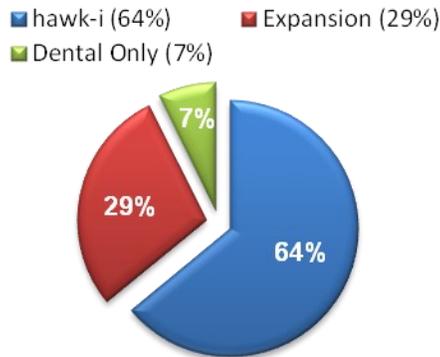
Medicaid Director Explains Medicaid Budget: CHIP

Director Vermeer says that the Children’s Health Insurance Program (CHIP) has three different parts that combine to create the budget request. The parts include a Medicaid expansion, the Healthy and Well Kids in Iowa (*hawk-i*) program, and a dental only program. The CHIP program is available to uninsured children of working families whose income does not exceed 300 percent of the Federal Poverty Level (FPL). Overall CHIP enrollment increased by five percent in SFY13 and is projected to increase 16.73 percent in SFY14 and 26.25 percent in SFY15.

Director Vermeer states that enrollment growth accounts for a large share of the requested increase in funding for SFY15. Additionally, decreasing federal funds drive the requested increase in funding for CHIP in SFY15.

View the SFY15 CHIP budget request at: http://www.dhs.state.ia.us/uploads/15-6_Improve_Health_Status.pdf.

CHIP Members SFY13



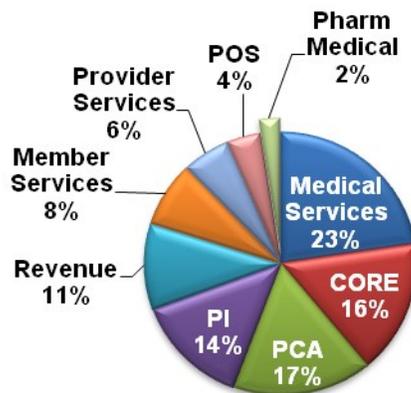
Medicaid Director Explains Medicaid Budget: Medical Contracts

Director Vermeer explains that the Medicaid program is administered by the Iowa Medicaid Enterprise (IME). The IME administers the business functions of operating the program, which includes processing of claims, supporting members and providers and pursuing cost recovery. To administer the program, the IME contracts with vendors. Director Vermeer states that these administrative costs account for the Medical Contracts budget request. The IME uses nine performance based contracts to operate the program, with support of some state staff. Medicaid has a very low administrative cost, accounting for just four percent of Medicaid expenditures. The SFY15 Medical Contracts budget request includes a 46.3 percent increase in state general funds from the Governor’s Recommendation.

This increase largely replaces one-time funds used to support the budget, as well as additional work required to implement various Medicaid program initiatives.

View the SFY15 Medical Contracts budget request at: http://www.dhs.state.ia.us/uploads/15-6_Improve_Health_Status.pdf.

SFY 2015 Projected Share of State Expenditures by IME Units



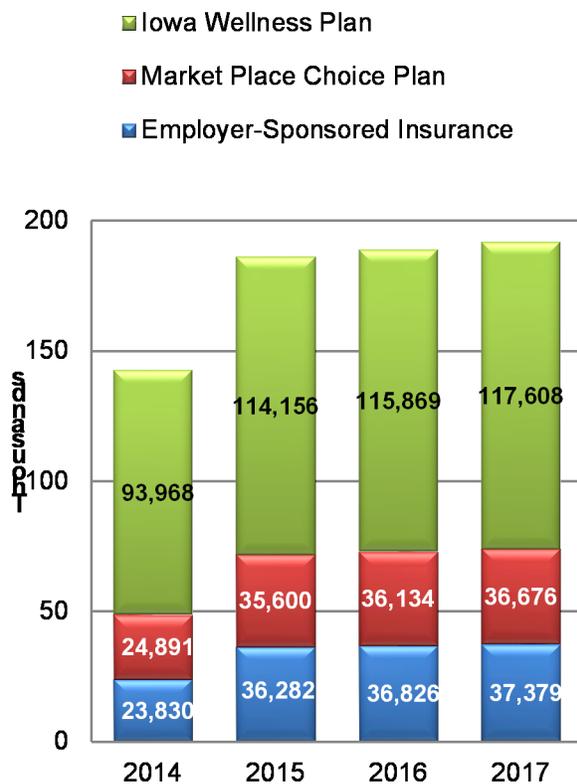
Medicaid Director Explains Medicaid Budget: Iowa Health and Wellness Plan

The Iowa Health and Wellness Plan was enacted by the Iowa Legislature on May 23, 2013. The program begins on January 1, 2014, and will provide health care coverage to adults age 19-64 with income up to and including 133 percent of the Federal Poverty Level.

The Iowa Health and Wellness Plan implementation is dependent on increased federal medical assistance percentage (FMAP) for the adult coverage group, as made available by the Affordable Care Act (ACA). In calendar years 2014-2016, 100 percent of costs are covered through federal funds. Beginning in 2017, the FMAP will decrease slowly, ultimately capping at 90 percent by 2020. This means that state funds will not be requested until 2017 (SFY17 & SFY18). Administrative costs for implementing the Iowa Health and Wellness Plan are accounted for in the Medical Assistance and Medical Contract budget requests.

View the SFY15 Iowa Health and Wellness Plan budget request at:
http://www.dhs.state.ia.us/uploads/15-6_Improve_Health_Status.pdf.

Estimated Enrollees by Year



Monthly Medicaid Projections

The Department of Human Services finalized its SFY15 budget request in September. The level of additional revenue needed to fund the Medicaid program in SFY15 is largely dependent on two factors:

- The level of baseline revenue already available.
- The Affordable Care Act (ACA) woodwork/welcome mat effect.

The department's budget request is using the Governor's SFY15 general fund appropriation recommendation in its baseline revenue estimate. This appropriation amount is significantly higher than the SFY14 enacted general fund appropriation because it accounts for additional program growth and relies less on other state funding sources.

The ACA woodwork/welcome mat effect refers to the expectation that the ACA requirements will result in increased participation among populations that are currently eligible for Medicaid but not yet enrolled. This could have a significant impact on the Medicaid budget because expenses for the currently eligible population will be matched at regular federal match rates. Only newly eligible Medicaid enrollees will receive the enhanced ACA federal match rate. Based on a previously completed actuarial analysis, the department developed a woodwork/welcome mat estimate of \$29.6 million in SFY15. This is a preliminary estimate, and in its final request, the department opted to exclude these costs, with the expectation that the analysis would be refined later in the year once actual experience becomes available.

Use of the SFY15 Governor's recommendation and exclusion of the woodwork/welcome mat effect resulted in available state revenue exceeding the department's expenditure estimate by \$94 million. Below is a summary of the SFY14 and SFY15 department estimates using the different assumptions outlined above.

I. With ACA Woodwork/Welcome Mat Effect

	Department Budget Estimates (In Millions)		
	SFY14	SFY15 (Using SFY14 Enacted General Funds)	SFY15 (Using SFY15 Gov. Rec. General Funds)
State Revenue			
General Fund	\$1,135.3	\$1,135.3	\$1,325.7
Other State Funds	\$309.1	\$285.5	\$285.5
Total State Revenue	\$1,444.4	\$1,420.8	\$1,611.2
State Expenditures			
State Expenditures	\$1,482.6	\$1,482.0	\$1,482.0
ACA Woodwork/Welcome Mat Effect	\$3.6	\$28.9	\$28.9
SFY15 FMAP Change	\$0.0	\$35.8	\$35.8
Total State Expenditures	\$1,486.2	\$1,546.8	\$1,546.8
Year-End Balance	(\$41.7)	(\$126.0)	\$64.4

II. Without ACA Woodwork/Welcome Mat Effect

	Department Budget Estimates (In Millions)		
	SFY14	SFY15 (Using SFY14 Enacted General Funds)	SFY15 (Using SFY15 Gov. Rec. General Funds)
State Revenue			
General Fund	\$1,135.3	\$1,135.3	\$1,325.7
Other State Funds	\$309.1	\$285.5	\$285.5
Total State Revenue	\$1,444.4	\$1,420.8	\$1,611.2
State Expenditures			
State Expenditures	\$1,482.6	\$1,482.0	\$1,482.0
ACA Woodwork/Welcome Mat Effect	\$0.0	\$0.0	\$0.0
SFY15 FMAP Change	\$0.0	\$35.1	\$35.1
Total State Expenditures	\$1,482.6	\$1,517.2	\$1,517.2
Year-End Balance	(\$38.2)	(\$96.3)	\$94.0

State Innovation Model: Steering Committee and Recommendations

Earlier this month, the State Innovation Model (SIM) workgroups concluded the fourth session in a series (16 meetings in total) held this summer. The workgroups met with the goal of delivering a list of recommendations to transform the delivery of healthcare in Iowa. Recommendations will be presented to the SIM Steering Committee in October at the State Capitol building. The meeting will be open to the public and the exact time and room location will soon be posted at: <http://www.ime.state.ia.us/state-innovation-models.html>. In November, a legislative subcommittee will also review and guide recommendations coming out of this process.

The list of recommendations focused on a five year vision of better health care in Iowa. The workgroups gave attention to Member Engagement, Quality Metrics, Medicaid Accountable Care Organization (ACO) Contracting, Workforce, and the integration of Long Term Care Services and Mental Health/Substance Abuse services in an ACO Delivery system. Although there were four separate workgroups, common themes among the workgroups emerged naturally and include:

- Comprehensive Individual-Centered Care Coordination
- Access
- Member and Family Support
- Provider Supports
- Quality Measures
- Health Information Technology (HIT) Improvements and Data Transparency
- ACO Regulatory and Oversight
- Financing and Incentives

The workgroup members share a common understanding that change in our health care delivery system is required. The rhetoric around moving from a volume based system to a value based system is not just the latest trend in health care but is essential to the improvement of health care in Iowa. The system must engage Iowans where they are, and deliver the right services at the right time. Moving away from a Fee-for-Service (FFS) model and into a Accountable Care Organization model is the tool that will help get us there.

Learn more about the SIM process at:

<http://www.ime.state.ia.us/state-innovation-models.html>.

Regular Feature: Informational Letters: August 2013

The Iowa Medicaid Enterprise publishes provider bulletins, also known as information letters, to clarify existing policy details or explain new policy. Bulletins are posted on a website. The “Endeavors Update” will highlight informational letters released in the preceding month. Topics of August 2013 informational letters included:

- 1285 Notice of termination, Consumer Directed Attendant Care Services (CDAC) Rules in ARRC 0883C
- 1283 Iowa Medicaid Pharmacy Program Changes
- 1278 Additional Update to Prior Authorization Required for Swing Bed Admission and Continued Stay
- 1276 Nursing Facility Rates
- 1275 Background Check Fee
- 1274 Increased Medicaid Payment for Primary Care-Retroactive Adjustments
- 1273 Rule Changes to add Coverage of Several Items and a New Prior Authorization (PA)
- 1272 Discount for National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) Submission Fees
- 1271 Electronic Billing of Long Term Care Claims

View the complete list of informational letters by year at:

<http://www.ime.state.ia.us/ProvidersBulletins.html>

IME Survey Result Continues to be a Cause for Concern on Provider Readiness for ICD-10 Implementation

The Iowa Medicaid Enterprise (IME) recently completed its third quarterly survey to gauge provider ICD-10 implementation readiness. The result continues to yield concerns about the level of provider readiness to meet the October 1, 2014 federal compliance deadline for implementation. The latest survey shows that only 30 percent of respondents have indicated that they were a quarter of the way through planning for resources dedicated to ICD-10 implementation. Twenty-one percent indicated that they have not yet even started with plans to dedicate resources and only 29 percent have indicated that they have developed a training plan.

Although some of these numbers are showing a marginal increase as the October 1, 2013 date to begin testing approaches, there is strong evidence that indicate that the health care industry is not making the amount of progress needed for a smooth transition to ICD-10 in October 2014. The third quarterly IME survey further indicates that although only 30 percent of the IME providers surveyed indicated that they will be ready for external testing with the IME by October 1, 2013, the number of respondents that indicated they will be ready to utilize ICD-10 codes by the October 1, 2014, federal compliance date remains high at 80 percent.

These findings are consistent with the ICD-10 Industry Readiness Survey Results conducted by The Workgroup for Electronic Data Interchange (WEDI), the leading authority on the use of Health Information Technology (IT) to improve the exchange of healthcare information. Stanley Nachimson, Director of the WEDI ICD-10 Implementation Timeline Initiative stated, “... it has become clear that many entities postponed their work until much later ... It remains to be seen how this postponement will affect the progress to compliance. Indications remain that significant numbers of industry participants have a considerable amount of work to do in a very short time.”

To access the results of the first, second, and third IME ICD-10 Provider Readiness Survey, please go to [http://www.dhs.state.ia.us/uploads/ICD-10%20Provider%20Readiness%20Survey%20\(August%202013\).pdf](http://www.dhs.state.ia.us/uploads/ICD-10%20Provider%20Readiness%20Survey%20(August%202013).pdf).



**Iowa Department
of Human Services**

*Iowa Medicaid programs
serve Iowa's most
vulnerable population,
including children, the
disabled and the elderly.*

We're on the web!

<http://www.ime.state.ia.us/>

Comments, Questions or Unsubscribe

Please email:

IMENewsletter@dhs.state.ia.us

The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.

The Medicaid program is funded by State and Federal governments with a total budget of approximately \$4 billion. The \$4 billion funds payments for medical claims to over 38,000 health care providers statewide.

Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 698,000 Iowans, or 23%, of the population in State Fiscal Year 2014.

Iowa Medicaid Upcoming Events:

- October 1: **Health Insurance Marketplace Open Enrollment Period Begins**
[Learn more here](#)
- October 2: **Drug Utilization Review Meeting**
[Learn more here](#)
- October 7: **State Innovation Model Consumer Focus Workgroup**
[Learn more here](#)
- October 8: **State Innovation Model Steering Committee Meeting**
[Learn more here](#)
- October 9: **State Innovation Model Consumer Focus Workgroup**
[Learn more here](#)
- October 18: **Clinical Advisory Committee Meeting**
[Learn more here](#)
- October 21: **hawk-i Board Meeting**
[Learn more here](#)

This update is provided in the spirit of information and education.

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